INITIAL DAMAGE ASSESSMENT (IDA) REPORT

RESIDENTIAL/BUSINESS DAMAGE (Parts B & C)
FAX COMPLETED PDA REPORT TO RIEMA AT 401-944-1891 or email to lawrence.macedo@ema.ri.gov

INCIDENT INFORMATION					-				_		
(1) TYPE(s) OF DAMAGE (check appropriate box(s): PUBL	IC RESIDENTIAL	BUSINESS									
(2) INCIDENT TYPE: (indicate type of storm or incident): Blizzard Nemo (3) INCIDENT DATE(S):											
(4) REPORTING (check appropriate box): INITIAL REPO	RT FOLLOW-UP					REPORT DATE:					
(6) ESTIMATED NUMBER IMPACTED: # RESIDENCES IMPACTE		SES IMPACTED	No. C. Ott Ditte.								
CONTACT INFORMATION				· · · · ·							
(7) NAME OF CITY/TOWN/STATE AGENCY:		(8) County:									
(9) LOCAL OFFICIAL CONTACT:						-				-	
(9) BUSINESS NUMBER:	(10) FAX NUMBER:							•			
PART B: RESIDENTIAL DAMAGE (if more space is needed, inser	t additional rows or co	py this report), a	lso indicate w	hether p	rimary or s	econdary r	esidence				_
(12) STREET/ROAD NAME		(13) STREET/ROAD NUMBER(S)	(14) INSURANCE (Yes or No)	(15) (check applicable)		(16)		(17)			(18) Water Depth
						(check applicable)		(check applicable)			
		NOWIBER(3)	(Tes or No)	Family	Single Family	Basement	Floor#	Water	Sewer	Electrical	(ft)
						_					
								-			
(19) SPECIAL NEEDS CONSIDERATION:		(20) LANGUAGE:									
PART C: BUSINESS DAMAGE (if more space is needed, insert a	dditional rows)			<u> </u>	<u> </u>				-		
(21)					(24)	(25)			(26)	
BUSINESS NAME/		(22) STREET/ROAD NUMBER(S)	(23) CONTACT N		INSURANC E	%	%				
PRIVATE NON-PROFIT FACILITY NAME					(Yes or No)	Structure	Contents Loss				
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